

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be reimbursement for dates of service 5-10-01 through 11-02-01.
- b. The request was received on 5-6-02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. TWCC 62s
  - c. Remittance Advice Sheets
  - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent; the response was not timely and consequently not eligible for review.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the letter Requesting Additional Information from the Provider to the Carrier on 6-12-02. There was no sign sheet in the dispute packet. The response from the insurance carrier was received in the Division on 7-15-02. Due to the fact that there is no sign sheet, all information will be reviewed as if timely.

### **III. PARTIES' POSITIONS**

1. Requestor: Letter dated 5-6-02:

“The dates of service in question range from 05-10-01 through 11-27-01 in the amount of \$1,503.08. Only \$951.27 has been received. The amount in dispute with (carrier) \$551.81 the difference between amount billed and what was actually paid...These claims were processed and paid through .... a ....company for (carrier). However payment on these claims were drastically reduced being discounted by at least \$20.00 if not more. Never has an agreement been made with either .... or .... to process and pay our claims in this manner...Attached you will also find payments made to us from ....directly as proof that the reimbursement rates are substantially higher than what .... reimburses.”
2. Respondent: Letter dated 7-15-02:

“The payments made by the Carrier were done in accordance with the contract and PPO reimbursement schedule.”

#### **IV. FINDINGS**

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on 5-10-01 and extending through 11-2-01.
2. The Respondent has denied the disputed services as “C” as reflected by the Remittance Advice sheet for dates of service 5-10-01 through 11-2-01.
3. Pursuant to the Table of Disputed Services, the total amount billed was \$1,503.08.
4. The total amount of reimbursement was \$951.27; leaving the amount of \$551.81 remaining in dispute according to the Table of Disputed Services.

#### **V. RATIONALE**

Medical Review Division's rationale:

The provider has billed for pharmaceutical services rendered for dates of service 5-10-01 through 11-2-01. There were no EOBs noted in the dispute packet but there were Remittance Advice sheets which reflect a denial code of “C”. There was no further explanation of the “C” denial noted on any of the sheets. The Provider indicated (in their position statement) that the Carrier’s denial is a contractual denial. Additionally, they asserted that no contract exists between the two parties, and no contract was noted in the dispute packet to support the “C” denial.

However, when determining reimbursement pursuant to TWCC Rules and Guidelines the provider is required by Rule 133.307 (e) to submit a request “...in the form, format, and manner prescribed by the commission...(1) Each initial request shall be legible, include only a single copy of each document, and shall include; (A) a copy of all medical bill(s) as originally submitted to the carrier for reconsideration in accordance with §133.304”.

The TWCC 62 forms submitted are illegible and unable to be fully interpreted by the reviewer.

Therefore no additional reimbursement can be recommended.

The above Findings and Decision are hereby issued this 2<sup>nd</sup> day of October 2002.

Lesa Lenart  
Medical Dispute Resolution Officer  
Medical Review Division

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